Letter to the Journal

Letters are welcomed and will be published as space permits. Like other material submitted for publication, they should be typewritten, double-spaced, should be of reasonable length, and will be subject to the usual editing.

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FUTURE PATTERNS OF MEDICAL PRACTICE

To the Editor:

It is surprising that your editorial (*Canad. Med. Ass. J.*, 85: 1400, 1961) on "Future Patterns of Medical Practice" has not already provoked comment. It can be summarized as follows:

> The public has been deluded into thinking that it wants an organized medical service when it really, in its heart of hearts, desires personal and individual care. But the doctors are so busy providing public service by teaching, sitting on committees and participating in professional organizations that they can no longer afford to give individual care unless it is paid for. The profession has become somewhat over-specialized, but this is not really wrong because the individual doctor is traditionally free to choose what sort of work he will do irrespective of community needs. The general practitioner of the future may find his field curtailed, particularly by the pediatrician, the obstetrician and the surgeon; but his compensation will be increasing responsibility for the care of mental illness. Despite these trends, the general practitioner will remain the backbone of the profession and will continue to "provide a unique type of personal medical service".

This misses the point completely. There are, in fact, three very important problems which will determine the future of medical practice.

1. *The essentials of good medical care now cost more than the ordinary individual can pay, and this cost will increase.* New drugs and new techniques are expensive in money and in time; but diseases which were formerly incurable can now be cured.

There are several ways of coping with this, and two of them may be realistic.

One is to spread the cost of illness over the whole community—healthy and ill. This was described by that noted radical, Sir Winston Churchill, as "bringing the magic of averages to the rescue of millions". It does not matter much whether it is done through prepayment insurance plans or a state health service, so long as the coverage is truly community-wide, including rich and poor, healthy and sickly, young and old.

Another is to pare the cost of the prevention and cure of disease without reducing efficiency. Drugs could be cheaper if manufacturers would reduce profits, subsidize fewer research projects of doubtful value, and abolish glossy expensive advertising. Doctors could work just as effectively in less luxurious and modishly furnished offices, whereas they seem to compete between themselves as much in upholstery and interior décor as in professional knowledge and skill. Doctors working as teams, in practice, as in hospitals, should be more efficient than doctors working alone.

A third suggestion, beloved by the profession, is that patients should save to meet the costs of illness, and spend less on entertainment, drink and transportation. The argument would be more telling if these were amenities which doctors as a group eschewed.

2. *The demand for medical services will continue to increase.* This is true all over the world. The peasant mother in Nigeria would be glad of any sort of a doctor who could save her child's life in an epidemic of measles or smallpox. The West Indian mother would like to be able to afford treatment for her malnourished child even before it becomes ill enough to warrant admission to hospital. The Winnipeg housewife would be overjoyed to find a specialist pediatrician who could come by day or night to see her baby who is teething, or her toddler with a cough. As the services improve in any community, more will be demanded.

This problem is added to by the rapid growth of populations. Almost certainly, no country will be able to produce enough doctors within the next generation to maintain the present ratio of doctors to population. Therefore, more work will have to be done by fewer people, and ways will have to be found of doing it efficiently.

3. *There will probably be fewer recruits to the profession.* Modern technology is making heavy inroads on the supply of students with the inherent intelligence necessary for professional training. Medicine, instead of skimming the cream, must now compete for these young people with engineering, nuclear physics, electronics, industrial chemistry and other careers which offer economic security and opportunity for advancement. If it is to attract good recruits, the medical profession must convince them that their work as doctors will be effective and satisfying as well as moderately remunerative.

Governments, labour organizations and members of the public appreciate these problems better than medical associations seem to think. They do not necessarily want cheaper medicine: they want more efficient and better-distributed services. With some reason, lay people think that the profession has not yet faced up to the future but has taken refuge in evasive arguments for the continuation of a system of practice which is already archaic.

The profession will have to solve these problems, which are not of the future but of the present. Unless it does so, it must expect to be pushed into a solution, willy-nilly, by the community in which it works and on which it depends. It must decide how it can give the citizens of the future the best of the medicine of the future, and how it will meet increasing demands at less cost and with fewer people.

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